

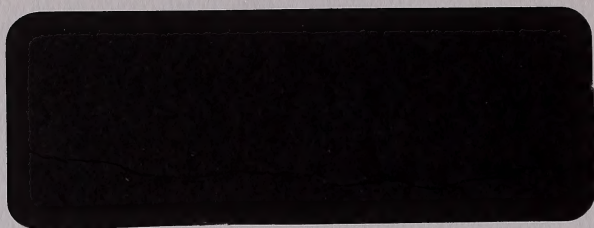
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**Committing to Action:
A Roundtable to Address Health and
Safety in Small Business**



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Committing To Action

A Roundtable to Address

Health and Safety in Small Business

Red Deer, Alberta

**Committing to Action:
A Roundtable to Address Health and
Safety in Small Business**

CONFERENCE PROCEEDINGS

Co-Sponsored By:

Advisory Council to the Minister of Occupational Health and Safety
Red Deer Chamber of Commerce

Supported By:

The Occupational Health and Safety Heritage Grant Program



Ministère de l'Énergie
et des Ressources

Energy and
Natural Resources

Committing To Action
A Roundtable to Address
Health and Safety in Small Business

Red Deer, Alberta
October 28 - 30, 1990

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Executive Summary

"Fred is an owner/operator of a company which assembles and refurbishes equipment used in the forest products industry. He employs 15 people. His financial picture is fairly good, and he expects the business to grow as the industry expands in Alberta. His accident rate is above average for the industry.

Fred has just realized that a recent accident at his firm could easily have been much more serious, and that there have been many 'near misses' over the past few months. If the recent accident had been worse, it might well have ruined his whole operation. Fred has decided that he wants to make sure that accidents and injuries are prevented from happening in his company, or are less serious.

What kind of things would you recommend to Fred that he put in place in his company? Develop an action plan for Fred."

This was the problem that faced 56 participants on the final day of *Committing to Action: A Roundtable to Address Health and Safety in Small Business* in Red Deer, in October 1990.

The objective of the Roundtable was "to provide a forum for small business to identify what needs to happen to improve health and safety in small business and to develop a Plan of Action that participants can commit to".

The participants gathered in four workgroups to develop their Action Plan, after they discussed the costs of health and safety to small business, the barriers to implementing health and safety programs, the resources that small business has at their disposal, and the specific assistance that small business requires to solve their health and safety issues. Between workshop sessions, participants attended

panel discussions on "The Magnitude of the Problem", "Barriers to Solving Health and Safety in Small Business", "Successful and Innovative Programs", and a presentation from Joan Eakin, "Promoting Health and Safety in Small Business".

Action plans which small businesses develop in order to implement effective ways of managing health and safety hazards, must be realistic. The plans must recognize the costs of developing and implementing the solutions, the barriers that small businesses face, and the resources that small businesses can build on.

Costs to small businesses go beyond the financial costs. A cost which is even more valuable is a small business owner's time and energy. The "hassle" of finding information, sorting through regulations and other requirements are also costs to a small business owner. At the same time, the costs of ignoring health and safety, or of having insufficient control measures and training in place can be

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extremely high. The human costs in pain and suffering, and the costs of lost production - or of turning away business because a key worker is injured or ill, can be very high indeed.

The barriers that small businesses face in addition to the costs also work against improving health and safety. The difficulty of getting competent trainers locally can be a major barrier. The lack of recognition of the need for change, and the lack of information or assistance on what needs to be implemented also work against improvements.

Not all small businesses are the same of course. Different industrial sectors, and/or a different life stage of the business will mean that different barriers are more important. A small business owner in his or her first year of operation faces somewhat different barriers than a business which is firmly established. There are specific barriers in the forestry and construction sectors that are different than barriers in the service industry.

Small businesses, however, do have resources with which to solve their health and safety problems. Indeed, in some ways, it is easier to implement a program in a small business than in a large one, because the owner has much more direct contact with the employees. The employees themselves are resources, with their in-depth knowledge of work procedures.

However, the circumstances of small business means that there will likely need to be some resources specifically designed to support them in moving forward aggressively. Some successful and

innovative programs and services are beginning to emerge in Alberta. The pilot project OSHMAP, in Whitecourt, has worked with companies one-on-one to implement health and safety programs. Advice and services are available from the University of Calgary Resource Centre and the Workers' Health Centre in Edmonton. The Alberta Construction Safety Association's "Safety Basics" and the "Partnership Program" from Alberta Occupational Health and Safety are also available to support small business.

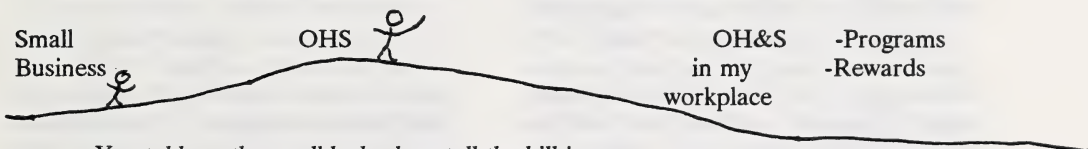
Armed with the information provided at the Roundtable, the workgroups developed Action Plans for Fred, and for his industry association. The Action Plans for Fred identified a variety of strategies. These included involving Fred in examining his accident and near misses for common factors, and putting specific controls in place for those problems before putting a safety program in place. The working groups identified the Canadian Society of Safety Engineering, and the Canadian Federation of Independent Business as associations who could support Fred, and developed Action Plans for those associations.

The evaluation of the conference was generally positive, though there was disappointment about the lack of participation by small business owners themselves. However, this Roundtable was helpful to all the participants, and should prove to be the start of an important movement in Alberta to reduce the high rates of injury and illness in small business.

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*"This seminar helped clarify in my mind
what I want/ or desire that OHS can do for me.*

*I know that you are a wealth
of information and resources and are willing to share it.
But you are taller than I and can see further
and know more than I have learned so far.*



*You told me the roadblocks, how tall the hill is
and how to get around or remove some roadblocks.
You've pointed me in the right direction,
and promised to catch me if I fall or stumble.
But falling or stumbling costs me money and time - -
it can even kill me.*

*But what I really want is you to hold my hand
and walk with me, at least part way up the hill.*

*You say you will, but I don't see you
reaching out to hold my hand yet.
I think I want to reach up and take your hand,
but I am scared.*

*Will you make me run? Your steps are too
large for me - - I can barely walk.
Will you remember to stop and wait for me
if I fall down - - or will you drag me along in the dust?
I do not like to be dragged along.*

*Let me be selfish. When I get to the top,
pat me on the head and tell me I did it myself.
We will know that I did not get here alone
but I need to feel that I did.*

*So - what do I want?
Remember I am a child - in the difficult teenage years -
Be patient and Parent me well!"*

1. Introduction

The rate of occupational injury and illness in small business is of concern in Alberta, as it is elsewhere in Canada. Although about 40% of the employment in Alberta is provided by small (1 - 10 workers) and medium-sized (11 - 100 workers), 49% of the lost time injuries reported to the WCB come from these companies. Overall, a worker's risk of injury in a small or medium-sized company is almost 50% higher than his or her risk in a large-sized company. In a small company the rate is 5.7 per 100 manyears worked; in a medium sized company it is 5.9 per 100 manyears worked, while in a large company it is 4.1 per 100 manyears worked. In some industries the difference is even more dramatic.

Other patterns of difference between occupational health and safety performance in small, medium and large-sized companies are starting to emerge. An injured worker in a small business tends to be younger and more recently hired than a worker in a large company. An injured worker more often tends to have worked long hours in a long week, and more frequently has worked varied hours.

Employees of small business have indicated¹ that they believed their risk of injury was greater, and they believed more strongly than employees of large business that it was necessary to take risks. Employees of small business less often reported having seen health and safety messages or information.

(1) The Magnitude of the Problem.
Presentation by Michael Harvey

Historically, health and safety agencies have had difficulty developing effective strategies to reduce the illness and injury experience of small business. Accessing the large numbers of small businesses is difficult, so agencies find it especially troubling to provide information and motivation to assist small businesses to improve their health and safety record.

Yet it is not as if small businesses are doing absolutely nothing. Many small business owners have installed innovative and workable programs to manage health and safety hazards on a long term basis. Large numbers of small business owners have attempted strategies in the name of safety, though these may not be sufficient to solve the actual problems.

In an attempt to bring small business owners together with the variety of agencies that are trying to develop health and safety programs, the Advisory Council to the Minister of Occupational Health and Safety, in partnership with the Red Deer Chamber of Commerce, sponsored this Roundtable. The objective of the Roundtable was to discuss the issues facing small business and to identify what needs to happen to improve their health and safety record. Additionally, small business owners would develop an Action Plan to which they could commit.

Fifty-six people gathered in Red Deer October 28 - 30, 1990 at the Roundtable. They were a mixture of small and medium-sized business owners and managers, as well as a variety of safety professionals, staff of Alberta Occupational Health and Safety, and members of the Minister's Advisory Council.

Participants came with a variety of personal objectives. Some small business owners attended in order to get information and broaden their understanding. One attendee, when asked why he had come, responded:

"Our safety record is pretty good - whether by luck or good management - but you never can be good enough."

The participants gathered in four workgroups to develop their Action Plan, after they discussed the costs of health and safety to small business, the barriers to implementing health and safety programs, the resources that small businesses have at their disposal to solve their health and safety issues, and the assistance they require. Between workshop sessions, participants heard panel discussions on "The Magnitude of the Problem", and the "Other than WCB Costs"; "Barriers to Solving Health and Safety in Small Business"; "Successful and Innovative Programs"; and a presentation from Joan Eakin, "Promoting Health and Safety in Small Business".

2. Action Plan

"Fred is an owner/operator of a company which assembles and refurbishes equipment used in the forest products industry. He employs 15 people. His financial picture is fairly good, and he expects the business to grow as the industry expands in Alberta. His accident rate is above average for the industry."

Fred has just realized that a recent accident at his firm could easily have been much more serious, and that there have been many 'near misses' over the past few months. If the recent accident had been worse, it might well have ruined his whole operation. Fred has decided that he wants to make sure that accidents and injuries are prevented from happening in his company, or are less serious."

"What kind of things would you recommend to Fred that he put in place in his company?"

This is the problem statement that was presented to attendees of the Roundtable, in asking them to develop an Action Plan that they themselves could commit to. The participants gathered in four workgroups to develop their Action Plan. They also discussed a variety of topic areas in preparation for their recommendation to Fred. These were the costs of health and safety to small business, the barriers to implementing health and safety programs, the resources that small businesses have at their disposal, and the specific assistance that small business requires to solve their health and safety issues.

Two workshop groups were asked to develop an action plan for Fred himself. Two groups were asked to assume that Fred had asked his association for assistance, and to develop an Action Plan for that association. The groups were allowed to make assumptions about any additional details necessary to fully describe Fred, and his circumstances. The Action Plans are described here in detail. The following chapters provide an overview of the panel discussions and the workshop discussions of the various topic areas noted above.

Action Plan for Fred (Group 2)

Group 2 made certain assumptions about Fred. They assumed that there was off site work, which created a complicating factor, and assumed that Fred and his employees spent long hours on the job. They further assumed there were a cross-section of workers with 6 months to 10 years experience, and that this was a non-union site. They assumed Fred has some safety procedures but no overall health and safety plan in place, and that Fred is not aware that he can get free advice from Alberta Occupational Health and Safety.

This group identified the specific barriers facing Fred to be that his safety program is not well developed, and there is no formal accident investigation/near miss system in place. Additionally, Fred is short of facts and is not sure of where to get help. He needs to investigate the near miss before developing the action plan, especially if the near miss occurred on another company's site.

Group 2 identified some resources that Fred has to build on. The group assumed he has good communication with workers, and with other companies. They also assumed that Fred has basic safety procedures in place, and thought that Fred would become more aware of 'resources' available through his employees (e.g. "Safety Basics" from the Alberta Construction Safety Association, assistance from the University of Calgary Resource Centre, or from the Workers' Health Centre in Edmonton, etc.). An important resource is that Fred recognizes he has a problem.

Group 2 discussed the option of hiring a safety consultant to review the accident and near misses and make recommendations to Fred and the employees. They decided however, to do it "in house". Basically, the use of a consultant was questioned because of concern for expense, worker mistrust, questions about how to choose an appropriate consultant, and questionable expertise. The group also felt that workers may be more inclined to implement changes they helped to develop.

Action Plan Steps. Fred would:

1. Go to the workers and discuss his concern about near misses. This discussion would include workers, lead hands and supervisors.
 2. Identify the causes of the near misses, especially by gathering information from the workers involved. Ask staff about other related problems and concerns.
-

3. Study the incidents. Look for common factors, such as long hours, equipment maintenance, etc. Look for solutions to prevent recurrence.
4. Establish a sound safe work procedure and review existing procedures.
5. Involve Alberta Occupational Health and Safety. Fred can expect them to act as a consultant. The option of getting outside help was debated, but the Group was concerned about where help would be available from, about the time it would take, and had concerns about how to evaluate a consultant's reputation. It was felt that Fred would only use outside help or contacts if it came as a suggestion from within his work team, based on their contacts and experience.
6. The plan will "evolve" once started.

Action Plan for Fred (Group 3)

Group 3 saw the most important barriers to Fred in solving his problem to be his lack of time, not knowing where to go for help, and the cost of change. (These costs include financial costs, "hassle", and training costs). They assumed additional barriers were that Fred didn't have an established association, and that there weren't many companies in same business, so there was no industry experience.

Fred's resources, as seen by Group 3 were his profitability, management capability and commitment. Additional resources were his relationship with his employees and concern for their health, and an

assumption that Fred had knowledgeable/experienced employees. They also assumed that Fred was involved in day-to-day operations.

Action Plan Steps

1. Hold an initial discussion with employees. Fred would advise the employees that he recognized the problem and was looking into what was needed for solving it. He would also ask if the employees had any ideas or comments.
 2. Contact the AOHS inspector who was previously on site. The inspector would make a site visit, and identify the immediate problem. The inspector would also provide information on the types of programs and resources available to Fred, and recommend options. (The group noted that this assumes an enlightened inspectorate!)
 3. Fred would make the mechanical and equipment changes that are required to fix the immediate problem, and discuss with the employees what would be the best option for future action. The group felt he would decide to create a Health and Safety Program for his company.
 4. Fred would investigate the programs available, such as the ones through OSHMAP, Safety Basics, Workers' Health Center, and would choose the program he feels will best suit his company. Fred and one employee, who would have been selected on the recommendation of the other employees, would attend the training for the Health and Safety Program.
-

Fred, in cooperation with his employees, would develop and implement a specific health and safety program for the company.

5. Fred and a worker representative would do ongoing monitoring of the effectiveness of the program.

Fred's Low Cost Strategy

Group 3 also developed an action plan for Fred to implement if he were in financial difficulty:

1. The OHS inspector would make a worksite visit. The employees would be involved in the visit.
2. Fred would fix the immediate problem, using a low cost option. (Fred believes in pragmatic financial management.)
3. Fred would look for free assistance from government and free program advice from Alberta Occupational Health and Safety, Workers' Health Centre at University of Calgary, his industry association, etc.

Action Plan for Fred's Association (Group 1)

Group 1 assumed that Fred would have a problem concerning the association he could turn to, since he's a "one of" business. They decided that CSSE (Canadian Society of Safety Engineering) would be the association that Fred would contact for assistance.

The group identified many resources that Fred could turn to, in addition to his own resources. These included the Alberta Occupational Health and Safety magazine, Canadian Center for Occupational Health and Safety, CSSE, Industrial Accident Prevention Association (Ontario), International Loss Control Institute, Government agencies (including AOHS, W.C.B., Labour, ERCB, Transportation, Environment), Alberta Safety Council, Canadian Organization of Small Business, and the Safe Cities Project in his community.

Group 1 identified the barriers for Fred and for the CSSE in solving Fred's problem, and the mechanisms to reduce these:

1. Lack of promotion could be resolved by a variety of strategies, including AOHS magazine, networking, personal contact, lobbying, direct mailing (e.g. using a poster), and using other partners.
 2. Fred's time would be minimized because of the resources of CSSE.
 3. The lack of a small business focus in the CSSE could be overcome by putting it on an agenda for discussion, sharing minutes, creating a subcommittee, or involving other groups such as the Minister's Advisory Council, the Canadian Federation of Independent Business, the Chamber of Commerce, etc.
 4. Lack of funding could be dealt with by applying to grant programs, by shared liability or with user fees.
-

5. The group felt that CSSE members' time was not really a problem because health and safety activists are willing to share resources.

Action Steps. Fred and the CSSE would:

1. Identify the immediate problem, and address near misses to avoid a major incident.
2. For the long term, develop an Occupational Health and Safety and Environmental loss control program.
3. Install a semiannual peer audit.
4. Publish results (successes and failures).

***Action Plan for Fred's Association
(Group 4)***

Group 4 set a scenario that Fred had several resources of his own to build on. These were that Fred is a "do-er", is efficient from a production standpoint, and has a good cash flow. In addition, they assumed that Fred has a good relationship with his employees. Additional help came from the fact that Fred is a single shareholder and he can make quick decisions. Fred's weaknesses arose from the fact that he was pushing to keep his production up, wasn't a trouble shooter, and was more product-oriented than people-oriented. They also assumed Fred had no occupational health and safety focus, and that his maintenance program is questionable.

This group assumed that Fred has been advised by a worker to contact the Federation of Small Business.

The group assumed there were also barriers to the Federation developing an Action Plan. They assumed the Federation's office is in Edmonton, whereas Fred is in Whitecourt. In addition, Fred is a fairly small operator, and the Federation probably wouldn't know him (Fred Who?). In addition, Fred would be a small fee payer, so the Federation might not have a significant motivation to spend a lot of effort to help just this one member. In addition, the group assumed that the Federation would have a low commitment, and a problem of insufficient time for the project. Additional barriers were Fred's high expectations that the Federation will take his problem off his hands. A critical barrier is that Fred needs a short term solution but solutions in occupational health and safety can take a long time to implement effectively.

Group 4 identified some mechanisms to reduce the barriers: using fax or telephone, setting up an association meeting, identifying community resources and identifying a "buddy" for Fred (another member who had done a lot to solve their own health and safety problems).

Action Steps. The Federation would:

1. Go out and meet Fred, so it can understand his needs and problems.
-

2. Identify problems by an audit of Fred's business -

- discuss positive and negative points

- from the results of the audit, make the recommendation that a safety program should be either developed or adapted from "Safety Basics" (the Construction Association safety program)

3. The Group assumed that Fred shows some reluctance, so the Federation must sell him on the advantages of a program.

- The Federation would identify his strengths and identify the magnitude of the problem, and show him how this safety program could be a solution to his problem

- The Federation could also offer to assist with meeting his employees to describe and discuss the safety program.

4. Provide continual support and periodic re-visits.

These Action Plans provide four different approaches to solving Fred's problem. They were presented to all participants to provide the opportunity for all attendees to apply useful approaches to their own situation.

3. Costs and Barriers

Participants heard panel discussions on costs and barriers which prevent small businesses from paying attention to occupational health and safety. Participants also discussed these topics further, in their workgroups.

Small businesses experience a variety of costs of implementing solutions to health and safety hazards which go well beyond the financial costs. On the other hand, the potential costs of not taking corrective action can be extremely high, and can include the destruction of the business because of the loss of a key employee. These costs and barriers must be recognized in developing strategies to assist small businesses cope with solving their health and safety problems.

a) Costs

Panel Discussion:

A description of the "Other than WCB Costs" were presented by Ron Weslosky, an injured worker; Kathy Belton, Injury Awareness and Prevention Centre; and Brian Krausert, President of Beaver Drilling.

Ron described the events leading up to the day of his accident, which left him confined to a wheelchair, and with one arm amputated. Ron summed up his presentation:

"I don't want you to feel sympathy for me. I just want you to see - and feel - what these statistics are about in human terms."

Kathy noted that workplace injuries result in the loss of five times as many days as are lost to strikes. The cost, in loss of production and employee morale is considerable, and "families, employers, our health care system, and communities ultimately pay the cost." She cited the case of one worker, injured in a motor vehicle accident on his way to work at a drilling site. This injury has cost Alberta upwards of 1 million dollars, without trying to put a cost on the impact to that worker, his loss of independence, and the cost to his family and friends.

Brian talked about the costs borne by business - in terms of damaging press coverage, and resultant problems in attracting workers. He described the positive impact in companies where attention is paid to occupational health and safety - in terms of lower turnover rates, higher productivity and lower equipment maintenance costs, and summed up his message to employers as:

"Your safety record is a barometer of your business - a safe operation is not necessarily profitable, but an unsafe organization is a clear symptom of problems in your business".

Workshops:

Participants identified **time** as being a key cost to small businesses. They felt time was more of a concern than direct dollars, although time is money to a small business owner. Included is not only the loss of time of the owner to search out information and resources, but also the time of implementation (for training, and

for replacement of production). Participants identified an additional loss of time was that taken from production to do the job safely, and the costs of personnel to look after occupational health and safety - including the time of a trainer. On the other hand, participants identified a key cost to small businesses as the time lost from injuries and accidents, including lost training - if a worker is off the job, the company has lost the investment it made in training him. Additional costs can arise from having to turn business away, because of an injury to a key employee.

In some cases the impact is felt directly by the owner. As one participant noted:

"A key worker is seriously injured, you have to forego a long-awaited vacation for you and your family as you again take up the tools to finish the job."

The cost of safety equipment was identified. This includes use/misuse/lack of use of safety equipment (i.e. a worker has the safety equipment, and has been trained, but because the worker either doesn't use it or misuses it, he/she gets injured).

Participants identified the costs of the difficulty of doing training in a small business setting (in terms of both time and money). There is a lack of knowledge of resources available (e.g. some participants didn't know Alberta Occupational Health and Safety had a library of videos that could be used). They cited examples of having difficulty in getting workers to look at video, and that some workers complained if the video was not shown on company time. Participants

wondered if there were a possible way the money spent by a company could be applied to their WCB premium. Training illiterate workers was an additional cost to the company.

Costs also include "hassle" factors. These included the difficulty a small business owner has in finding his/her way through regulations, legal documents and manuals, as well as the costs of accommodating change in regulations. Participants noted that there are costs to not having a level playing field - in terms of uneven requirements, and the competitive disadvantage created by uneven enforcement.

Participants suggested that direct financial cost is not a major deterrent unless the business is struggling.

Small business owners, however, are not all alike, in terms of their perception of the costs of health and safety. Participants cautioned that all small businesses cannot be "lumped into the same barrel". Some are more concerned for their workers than others. Some will never come to conferences such as these in hopes of improving their knowledge - their attitude is: "I pay my WCB share - let someone else do it for me". Some small business owners feel a loss of face if injuries aren't prevented. Sometimes they have spent money on good equipment, but don't have time to teach people how to use it.

Participants felt that, overall, a company will want health and safety controls put in place, as much as possible. It is important to remember that most small business owners think they're trying. Most small

business owners are doing something, even if they only have minor procedures in place. Some quotes from the conference attendees illustrate some of these points:

"When I started I did that [just paid WCB] - no one came to see me. It would help a lot if someone came out to new businesses and said 'this is the kinds of things you can do'. I did my own thing - I still don't know what WCB offers."

"How am I to get a number? (for a hazard rating on WHMIS) I'm not a doctor or a scientist - [I wonder] what's my responsibility, legally, if I assign a number? So I usually rate it up as a safety factor."

"Has anybody thought of training by cassette? - I like to listen to management training when I'm in my truck - now lots of people drive to work and could listen to tapes."

"I don't phone because I feel they'll [AOHS] point fingers."

"What are you going to do - "can" them all? These are good people"

"People are trying. It's not a good assumption that companies are doing absolutely nothing. It may be just toolbox talks, but they're doing the best they know how."

b) Barriers

In addition to the costs of implementing health and safety solutions, small businesses face other barriers.

Panel Discussion

Bob Stevenson, (a Small Business Owner); Wally Baer, (WCB), Grant Henneberg, (AOHS Regional Director); and Doug Lawton, (worker representative), described their perspectives of the barriers to solving the problem of increased injury and illness in small business.

Bob described a number of barriers, including miscommunication, lack of time and energy as well as the financial cost. The mass of information, in standards and regulations alone is often overwhelming. An owner doesn't see fast returns on his or her investment in a health and safety program, and is concerned with remaining competitive, since small business is usually faced with getting business based on the lowest bid.

Wally spoke about the programs and activities being undertaken by the WCB to meet the objective of reducing claims by 15% by 1994. They find that 80% of the claims come from roughly 20% of the companies - although this 20% represents thousands of small businesses. He felt the major barrier facing small businesses is the length of time before they can begin to see the impacts of their efforts.

Grant noted that the barriers to small business fell into three categories: they do not perceive the need to act, they do not have the capability to act (in terms of

time, money, knowledge and skills), and in many cases are not motivated to take action.

Doug noted that "Workers are the cost - we [workers' injuries] are the end result if health and safety doesn't become the paramount importance of small business." The barriers that workers face in contributing to the health and safety of a business are: fear of reprisal, the lack of opportunity to train workers as trainers in order to assist in taking a "workers training workers" approach to health and safety training, and time.

"Workers have to feel they're in this together - they're part of the solution and not just part of the problem."

Workshops

The workgroups identified a wide variety of barriers which prevent small business from improving health and safety. These barriers included a lack of recognition that:

- there's a problem
- you can do anything about it
- anybody cares
- it's OK to talk about it
- it could happen to me

There is sometimes little recognition of the need for change. It's difficult to convince someone that there's a need to implement health and safety controls when '25 years of operating in the same way hasn't caused them a major problem'. Participants saw that barriers would remain as long as health and safety is a 'separate item'.

Additional barriers identified were that small businesses have a perception that safety is a high cost, complex problem. Small business owners often can't see the payoff from taking a proactive stance with respect to health and safety, and are willing to take "chances" since they think that costs may be much greater than benefits.

Small business owners often don't know they should go and get the information ("first you have to recognize the possibility of a hazard"). In addition, once the awareness is created, a small businessperson finds that information on some hazards, such as health hazards, is not easily accessible.

The multiple roles of a small business owner creates a barrier because they undermine the priority given to safety. In addition, the structure of many business operations is a barrier. Financial accounting practices do not recognize the investment of health and safety controls - only costs. Normally there is no comprehensive cost-accounting done of accidents/unsafe situations.

Employee attitude can be a barrier. One participant wondered how to select employees with good health and safety attitudes. High employee turnover is a barrier, and there is concern for loss of employees as a reaction to implementing safety policies and disciplining for noncompliance.

Small business people are put off by complicated systems - such as WHMIS (Workplace Hazardous Materials Information System). They find WHMIS confusing and too detailed. The lack of

standardization is also a problem.

An additional barrier is the regulatory and government "jungle" (all levels of government, all departments). There is a need for a level playing field and fair competition between geographic areas including international. There needs to be better coordination of regulations in order to eliminate overlap and contradiction.

"It's hard to get workers serious about something like this (re WHMIS). There's so much information - and then a 5 year old can walk in and buy a gallon without any instruction at all."

"Workers don't want to wear protective equipment. I find the ladies won't wear the hard hats."

"Who's fault is it? I provide the equipment, and find it under a pallet. I'd love to learn more about how to motivate people. My staff are good, but independent."

Barriers are not the same for all small businesses. Though they may have many barriers in common, companies in various sectors will have particular barriers, related to the nature of their industry. Some of the workgroups described their perception of the specific barriers to forestry, service industry, construction, and to Municipal Districts and Counties.

FORESTRY was seen as having a lack of health and safety expertise, with a lack of access to preventive services and

resources. Occupational health and safety was seen as a penalty in the forestry industry. Participants saw a lack of health and safety in industry planning. An additional barrier in this sector is the remoteness of worksites.

SERVICE INDUSTRY barriers were seen to be wage rates, worker concern/fear of reporting, as well as a skill shortage - money can't buy everything. Burnout among service industry workers is a barrier, as well as the fact that, in the not-for-profit sector, the focus is external rather than on the workers themselves (Florence Nightingale syndrome). An additional barrier was confusion from so many different government agencies.

Barriers in **CONSTRUCTION** arose from young workers, and the transient workforce. The industry is characterized by short term, rush jobs and lump sum bids motivate shortcuts. Other important barriers are the lack of recognition of a problem, and the difficulties posed by the diversity of trades, multi-union sites, and the impact this has on coordination of activities.

MUNICIPAL DISTRICTS AND COUNTIES have barriers caused by the wide variety of 'industries' within a municipality, and from the fact that training is 'certified'. There is a lack of communication across departments, and the politics of a 'small town' can work against health and safety (e.g. the practice of hiring residents rather than using a criteria of "best for the job", as well as the supervision style of some foremen).

4. Strengths/resources to build on

In addition to the resources that small businesses themselves have, such as direct contact with employees, enthusiasm and a disposition to action, there are beginning to be more external services and programs directed specifically to small business.

Panel Discussion

Doug Hay, Timber Tire, described their company's experience with OSHMAP (a pilot program in Whitecourt that works one-on-one with small businesses to establish needed health and safety programs); Wendy Vandersteen, Workers' Health Centre, described the services they provide, particularly industry-specific training; Dr. Doug Hamm described the University of Calgary Resource Centre mandate to provide advice and services to small business for medical, environmental and occupational hygiene problems.

Art Gould, Alberta Construction Safety Association described their program "Safety Basics". This was designed as an 11 point program for health and safety in companies in the construction industry (and now extended to forestry through that industry association). Bob Hird described the Partnership Program developed by Alberta Occupational Health and Safety, to accredit businesses and assist them to measure the effectiveness of their program.

In addition, the Red Deer Safe Community Project had an information booth at the Roundtable, describing their community-wide strategies to reduce injuries at home, at work and at play.

Workshops

Participants noted the resources that are internal to companies, including a growing awareness of the need for programs, and that a lot is being done as part of 'good management'. There is greater recognition and understanding of hazards, and there are more programs available. Additional resources are the workers themselves, since workers are the best source of information about work practices. In addition, it is easier to make changes in small business, because the owner usually has more direct control than in a large company.

In addition to the internal resources, and programs identified by the panel members, resources for small business were seen to be available from a variety of sources, including education facilities, safety council, large corporations, Alberta Occupational Health and Safety, Canadian Centre for Occupational Health and Safety, accredited safety professionals, Canadian Society of Safety Engineering, and the Alberta Federation of Labour. It was noted that small businesses need a directory of resources.

Participants noted that the resources and assistance required by small businesses will vary depending on the specific stage of implementing a health and safety program that the specific company is in.

In the first 3 months of installing a health and safety program, a small business needs financial incentives, encouragement, a small amount of knowledge (primarily about how to get going). One workgroup saw a small business as needing three main things:

1. Commitment (This will be improved by worker involvement in setting objectives and goals). Commitment must involve the willingness to invest financial resources.
2. Information (This includes information about what a program is, cost, availability, relevant models, as well as availability of introductory courses.)
3. Audit (A baseline audit is necessary to identify hazards.)

From three to six months after a program has been started, results have to be shown, and the business needs to develop a code of responsibility, including a management philosophy statement (health & safety will only be a part of this statement). Companies will need to refine their plans, including evaluation/external review. They will need assistance to cover the cost and time to improve their program. They will need to continue worker involvement and will need recognition. WCB incentives would also be helpful.

Between six months to one year after implementation, a company needs employee recognition, feedback, involvement with others, and positive reinforcement. Events like this Roundtable were seen as valuable mechanisms in meeting these needs.

Between one and three years from starting implementation, a company was seen to need recognition and constant feedback/response. The company needed to measure results/injury reduction, measure its costs, savings, and spin-off benefits. The company needed to

evaluate the program's effectiveness and adjust the program where necessary.

There should be a mechanism to spread the word about their success.

5. Promoting Health and Safety

Joan Eakin provided an overview of the findings from her research about the attitudes of small business owners and workers towards health and safety. She noted that it is very important to understand how small business views occupational health and safety, because health and safety behaviour of a worker or manager is shaped by the social context rather than being purely individual behaviour. That is, if occupational health and safety is not valued in a particular company or industry, then an individual worker or manager will be less likely to behave in a healthy and safe manner.

Ms. Eakin found that, most commonly, small business owners left health and safety to the workers. There were three main reasons for this. One, small business owners did not put a high priority on health and safety issues, largely due to the many demands on their time. Also, owners didn't perceive the consequences of inaction to be very high, because accidents don't happen very often or because they don't often see an inspector. Two, there wasn't a high perception of risk. Owners commented "**it's part of life**", or "**good work is safe work**", or "**a little bit won't kill you**". Finally, small business owners were reluctant to intervene, for a variety of reasons, including that they saw health and safety as having paternalistic

overtones, and they didn't feel they had that type of relationship with their workers.

She noted that successful solutions have three dimensions: to make the small business owner **aware** of the hazard and the risk to both the workers and to themselves, to **motivate**, or provide the will to act, and to **enable**, or provide the means to act. To be successful, solutions for small business must incorporate some key principles:

1. Needs and solutions are different for employers and workers.
 2. Solutions must recognize the nature of small business life. We must recognize the norm of independence, and must build on what we know. For example, we know that owners value their workers, so participatory approaches will likely work better. We must circumvent features that won't change. For example, since most small businesses aren't unionized, we could attempt to provide similar health and safety services as unions would provide.
 3. We must search for the positives, and stop being "bogged down in the barriers". Every disadvantage has an advantage imbedded in it. For example, it is difficult for a small business owner to take unpopular decisions because he/she has to work beside their workers. On the other hand, this means the small business owner is affected in the same way as their workers. This can be a major motivator when compared with the day
-

to day experiences of managers in large organizations.

Joan concluded with some key challenges which will make it easier to reach small businesses, and provide assistance to help them reduce their rate of injury and illness. Can we identify occupational health and safety as a contingency of doing business rather than as a moral issue? It will be easier if we can develop a surrogate for first hand experience, since personal experience is such a powerful motivator. Positive messages are more appropriate, since "fear appeals" are not the best way to get people to change their behaviour. Can we change the perception that a worker is wimpy or self indulgent when they take measures to protect their health? Small business owners need social support and management skills, as well as hassle-free, practical help.

6. Conclusion

The long term impact of the Roundtable may not be possible to identify. However, the short term indicators are fairly positive that this has been the start of something valuable.

Participants were asked for an evaluation of the Roundtable, and, while there was some disappointment in the low numbers of small business owners who attended, for the most part the evaluations were positive. Participants were generally enthusiastic about the information they received, as well as the usefulness of the Action Plan development. Some of their remarks in response to the question of

whether the objective of the Roundtable was met were:

"Yes, I can start my Action Plan."

"Basically yes. However, more participation by small business would have been beneficial."

"Yes. I got a lot of info out of it. Now I know what is available."

"Partially. Not enough small business reps present."

"Not only was the above objective met, I feel that this conference will greatly enhance the positive visibility of OH&S to the small business community."

The Advisory Council to the Minister of Occupational Health and Safety will be discussing some future initiatives that could be pursued in following up on the Roundtable. These could include such activities as regional delivery of a program similar to the one used for this Roundtable, short programs like breakfast meetings, etc.

This Roundtable provided an excellent way for small business owners to talk with each other and with interested agencies. More importantly, it provided a very useful way for small business owners to provide some ideas and input into the approaches that Alberta Occupational Health and Safety and a variety of other agencies can put in place to assist small businesses in reducing the rates of occupational injury and illness.

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APPENDIX A. Conference Agenda

**COMMITTING TO ACTION
A ROUNDTABLE TO ADDRESS
HEALTH AND SAFETY IN SMALL BUSINESS**

SUNDAY, OCTOBER 28, 1990

1:00 P.M. - 2:00 P.M.	Registration
2:00 P.M. - 5:00 P.M.	Opening Remarks What Are The Problems? Do They Exist At Your Company?
6:00 P.M.	DINNER Icebreaker Social

MONDAY, OCTOBER 29, 1990

9:00 A.M. - NOON	Barriers to Solving Health & Safety Problems in Small Business Promoting Health & Safety in Small Business
NOON - 1:30 P.M.	LUNCH
1:30 P.M. - 5:00 P.M.	Successful Programs What They Are and Why They Work
6:00 P.M.	DINNER

TUESDAY, OCTOBER 30, 1990

8:00 A.M - 9:00 A.M	Case Study Workshops
9:00 A.M. - NOON	A Plan of Action <ul style="list-style-type: none">● What Do You Need?● Who Can Help You?
NOON - 1:30 P.M.	LUNCH Concluding Remarks

The format will be a series of short presentations followed by small group discussions. You will have the opportunity to share your ideas about problems and solutions with other Small business people.

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APPENDIX B. Workshop Outlines

SUNDAY AFTERNOON, OCTOBER 26, 1990

1. The speakers identified "costs", including economic costs, costs of "effort and hassle", human costs etc. What are the major costs seen by small business owner operators?
2. Are there real-life examples of situations that illustrate these costs to small business. Draw on examples from your own or other companies you know. (These may cover costs of installing health and safety control measures, costs of injuries etc. from uncontrolled hazards, etc.)
3. Are all small businesses alike in their perceptions of costs?

MONDAY MORNING OCTOBER 29, 1990

1. Building on illustrations/examples given by the speakers, and others given in the attached material, what do you see as the major barriers to reducing injuries in small business:
 - in the forestry industry
 - in the service industry
 - in the construction industry
 - in other industries
 2. Do you think more owner operators would be motivated to do something in order to reduce their WCB costs if they understood that their rate is affected by their industry's experience - that they are in part, paying for "bad actors" in their industry?
 3. Take one of the barriers identified in question 1 and examine it in depth:
 - Why is it a barrier?
 - Is it a barrier to start-up or to long term maintenance of health and safety control measures?
 - Is it a barrier across a whole industry/area of the province or is it unique to a particular kind of small business?
-

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**ATTACHMENT
MONDAY MORNING WORKSHOP**

BARRIERS TO PREVENTING ACCIDENTS/INJURIES AND ILLHEALTH AT WORK
(extracts from recent survey done for AOHS)

1. Economic - employers are concerned with the ever-increasing costs of doing business in terms of taxes, regulations, increased competition.
 - costs of implementing safety are seen as a threat to survival of companies struggling to get established, compared with established or mature firms who see safety as integral to their survival.
 - pressure for productivity and short-term gains (either actual or perceived by employees).
 2. Small employers are not trainers - they're business people. They can't be providing information and education all the time.
 3. Protective equipment is perceived as not functional, awkward, expensive.
 4. Safety rules are perceived as not being designed for practical implementation.
 5. Businesspeople have their eye on other priorities - like keeping the company going.
 6. Shortage of skilled, reliable, affordable labour.
 7. Workers and employers have been hit with an explosion of information about workplace hazards, yet lack confidence in their ability to cope with hazards both at work and at home.
-

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Workshop Outline**MONDAY AFTERNOON OCTOBER 29, 1990**

1. What parts of the programs described do you think would work in companies in your industry?
2. What resources do you have already to help you put one in place?
3. What would you need to assist you? [encouragement, knowledge, financial (direct or indirect), recognition, etc.]
 - in the first 3 months
 - in 3-6 months
 - in 6 months - 1 year
 - in 1-3 years

TUESDAY MORNING, OCTOBER 29, 1990

- 1.a) Fred is an owner/operator of a company which assembles and refurbishes equipment used in the forest products industry. He employs 15 people. His financial picture is fairly good, and he expects the business to grow as the industry expands in Alberta. His accident rate is above average for the industry.

Fred has just realized that a recent accident at his firm could easily have been much worse, and that there have been many 'near misses' over the past few months. If the recent accident had been worse, it might well have ruined his whole operation. Fred has decided that he wants to make sure that accidents and injuries are prevented from happening in his company, or are less serious.

What kinds of things would you recommend to Fred that he put in place in his company?

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- b) If Fred was in relatively poor financial shape, what would you recommend he put in place in his company?

1. Two Groups

Develop an action plan for Fred to put in place those things you identified above, using the attached outline.

2. Two Groups

One of the strategies Fred identifies is to get some help from his association. What are some of the things the association could do to help Fred and other members? Develop an action plan, using the attached outline.

ACTION PLAN STEPS

1. State the strategies identified.
 2. What resources does Fred/the association have (individually and collectively).
 3. What is preventing Fred/the association from implementing the strategies - what barriers does he face?
 4. What mechanisms can Fred/the association use to reduce/eliminate the barriers?
 5. What are the steps to an action plan for Fred/the association to implement his strategies and reduce/eliminate the barriers?
-

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APPENDIX C. Occupational Health and Safety Council

OCCUPATIONAL HEALTH AND SAFETY COUNCIL

The Occupational Health and Safety Council was established by Order-in-Council in November, 1976. It is a Statutory body mandated under Section 4 and 5 and 11 of the Occupational Health and Safety Act. Its twelve members represent employers, employees and the general public (See relevant sections of Act - Appendix 1.)

The Council's task is to advise the Minister Responsible for Occupational Health and Safety, on matters related to the health and safety of workers in Alberta, and to perform any related duties and functions that may be assigned by the Minister.

Council is also empowered to hear appeals of orders issued by officials of Alberta Occupational Health and Safety.

Over the years Council's most significant role has been to provide a forum for employers, employees, and the general public to debate the critical issue of workers health and safety.

The current members of Council are:

MEMBER	REPRESENTS
BOTTAS, Gus	Workers
COOK, Larry	Employer
COWELL, John	Employer
DELBIDGE, Clayton	Public
DUNFORD, Clint	Employer
LEE, Sam	Workers
MacDONALD, Donna	Public
McBETH, Kenneth	Public
RUFFO, Susan	Workers
TAYLOR, Harold	Workers
TURNER, Cliff	Employer
WHITING, Tom	Public

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